



OFFICE OF REVENUE COMMISSION  
P.O. BOX 123/ 1 MAIN STREET  
KYKOTSMOVI, ARIZONA 86039  
PHONE: (928) 734-3172  
WEBSITE: [www.hopi-nsn.gov](http://www.hopi-nsn.gov)

LICENSE NO. \_\_\_\_\_  
**OFFICE USE ONLY**

## LICENSE APPLICATION

(PLEASE TYPE OR PRINT LEGIBLY)

APPLICANT: ☐ **NEW** ☐ **RENEWAL**

- ☐ BUSINESS ☐ CONSTRUCTION ☐ SUB-CONTRACTORS  
➤ ☐ CORPORATION ☐ LLC ☐ SOLE PROPRIETOR ☐ 501©3 ☐ OTHER

COMPANY NAME: \_\_\_\_\_ COMPANY PH #: ( ) \_\_\_\_\_  
**NAME OF COMPANY TO BE DISPLAYED ON THE LICENSE CERTIFICATE**

COMPANY ADDRESS: \_\_\_\_\_  
**P.O. BOX/STREET CITY/STATE ZIP**

CONTACT PERSON: \_\_\_\_\_ CONTACT #: ( ) \_\_\_\_\_ EMAIL: \_\_\_\_\_  
**FIRST LAST**

I HEREBY AUTHORIZE REVENUE COMMISSION TO LIST GENERAL CONTACT INFORMATION: ☐ **YES** ☐ **NO**

REQUIRED INFORMATION **(SECTIONS)**: BUSINESS **A-C**; CONSTRUCTION (GC'S) **A-F**; SUB-CONTRACTORS **A-G**

- A. SERVICE CONDUCTING: \_\_\_\_\_  
B. SERVICE DATE: START \_\_\_\_\_ END \_\_\_\_\_ **(ALL LICENSES EXPIRE 12/31 OF THE FISCAL YEAR)**  
C. CERTIFICATE OF LIABILITY INSURANCE **(HOPI TRIBE AS CERTIFICATE HOLDER)**: EXP. DATE: \_\_\_\_\_  
D. AWARDED AGENCY: \_\_\_\_\_ AWARDED AMOUNT: \$ \_\_\_\_\_  
E. PROJECT: \_\_\_\_\_ PROJECT LOCATION: \_\_\_\_\_  
F. CONTRACT AGREEMENT, PO, AND/OR INVOICE: **MUST HAVE ALL REQUIRED SIGNATURES**  
G. SUB-CONTRACTORS ONLY: \_\_\_\_\_  
**NAME OF GENERAL CONTRACTOR**

DOCUMENT SUBMISSIONS **(APPLICATION, INSURANCE, CONTRACT, AND 501 © 3 VERIFICATION)**:

EMAIL: KIANNA SOOHAFYAH, DEPUTY REVENUE COMMISSIONER [KSOOHAFYAH@HOPI.NSN.US](mailto:KSOOHAFYAH@HOPI.NSN.US)  
GAYVER PUHUYESVA, CHIEF REVENUE OFFICER [GPUHUYESVA@HOPI.NSN.US](mailto:GPUHUYESVA@HOPI.NSN.US)

USPS: HOPI TRIBE – OFFICE OF REVENUE COMMISSION  
P.O. BOX 123 KYKOTSMOVI, AZ 86039

PAYMENT OPTIONS **(CASH, CASHIER'S CHECK, MONEY ORDER, OR V/MC)**:

V/MC: HOPI TREASURERS DEPARTMENT AT (928) 734-3122 OR (928) 734-3124  
OFFICE HOURS: MONDAY – FRIDAY (9:00 AM – 3:00 PM)

LICENSE FEES:

✓	GROSS REVENUE/CONTRACT AMOUNT	FEE
	\$0.00 - \$99,999.00	\$400.00
	\$100,000.00 - \$399,999.00	\$500.00
	\$400,000.00 - \$699,999.00	\$600.00
	\$700,000.00 - HIGHER	\$700.00

HOPI MEMBER				FEE
ENROLLMENT #		D.O.B		EXEMPT
REPLACEMENT LICENSE				\$5.00

HOPI TRIBE – DEPARTMENTS **(TO FULFILL THEIR REQUIREMENTS)**:

- TRIBAL EMPLOYMENT RIGHTS OFFICE (TERO) AT (928) 734-3161/3162

I hereby agree to abide by the Laws and Regulations set forth by the Hopi Tribe's "Ordinance 17", to not engage in any business/construction project(s) until a license has been obtained from the Office of Revenue Commission (ORC). I hereby certify that the information provided on the application and supporting documents submitted are true and correct to the best of my knowledge. Any false or misleading information may lead to legal action within the Hopi Tribe Justice Courts; to include revocation of privileges and license(s) obtained.

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**